

PLEASE WRITE PLAINLY, WITH UNFADED INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1176

05345

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Delaware  
City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 23 days

## 3. (a) FULL NAME

Aikenhead Arthur

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Alma Aikenhead

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

November 24, 1890

8. AGE:

Years

Months

Days

If less than one day

51

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

John Aikenhead

FATHER

12. Name

MOTHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof  
(month) (day) (year)  
5/5/48

Cemetery or cemetery

Location

18. Funeral director

Address

19. (Date recd by registrar)

Spring HillEaston, Md.J.W. MullingsEaston, Md.Arthur Aikenhead1948D.H. Devers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County BethelCity or town Taylor Island, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 1948 at 12:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-8 1948, to 5/3 1948and that I last saw him alive on May 3 1948

Immediate cause of death

Pulmonary Embolism

DURATION

Due to drover's ulcer

Due to

Gastro EnterostomyOther conditions duodenal ulcer

(Include pregnancy within 3 months of death)

Major findings of operations duodenal ulcer

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Arthur Aikenhead

M. D. or other

Address Easton Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05346

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County.....

Talbot  
Easton, Md.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death.....

4 days

Hospital, institution, or street address where death occurred:

Regional Hospital  
+ days

How long in hospital or institution?.....

## 3. (a) FULL NAME

Ruth Bayce.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Black. Married.

6. (b) Name of husband or wife.....

Thomas

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 17, 1915

8. AGE: Years

Months

Days

If less than one day

33 2 15 hrs. min.

9. Birthplace.....

Ridgeley Caroline Md

(town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

Raymond Murray

12. Name.....

Maryland

13. Birthplace.....

Rebecca Henry

14. Maiden name.....

Maryland

15. Birthplace.....

Raymond Murray

16. Informant.....

Raymond Murray

Address.....

Ridgeley, Md.

17. Burial.....

Burial Date thereof..... 5/5/48

(Burial, cremation, or removal. Which?)

(month Day year)

Cemetery or crematory.....

Henry Burial Grounds

Location.....

Near Ridgeley, Md.

18. Funeral director.....

R. B. Rawlings

Address.....

Greensboro, Md.

19. Date rec'd by registrar.....

5/2 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... (If outside city or town limits, write RURAL and give nearest town) Ridgeley Rural

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... May 2 1948 at 3 55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-29 1948 to 5-2 1948

and that I last saw her alive on 5/2 1948

Immediate cause of death.....

Tab - Perseis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

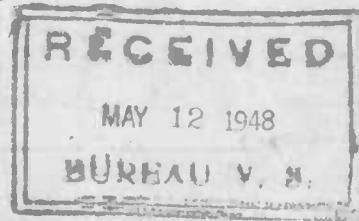
Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Easton Md. Date signed 5/3/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dead on arrival at 12:15 P.M.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

158

05347

J. J. H.

Reg. Dist. No. ....

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County of Talbot

City or town Eastern R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

On way to hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Brown, Bonnie Lou

4. Sex Female | Color or race White | 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 7-1948

8. AGE: Years 3 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Queen Anne (Queen Anne Co.) Maryland  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

12. Name Eugene Fisher Brown

13. Birthplace Queen Anne Maryland

14. Maiden name Laura E. Lumbly

15. Birthplace Queen Anne Co. Maryland

16. Informant Mr. Eugene F. Brown

Address Queen Anne, Maryland

17. Burial Date thereof 5/8/1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillsboro Cemetery

Location Hillsboro, Md.

18. Funeral director Carlotta Lafford

Address Eastern Md.

19. 5/10/1948 D.H. Neerix  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County 29

City or town Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) Is veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 9 1948 to May 9 1948  
and that I last saw her alive on May 9 1948

Immediate cause of death Macassars

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Kurt Edson 81-3

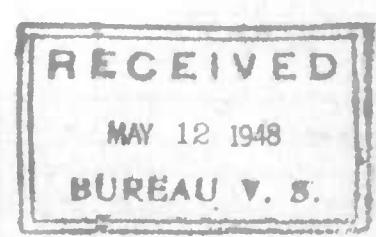
M. D. or other

Date signed 5/19/48

Address Queen Anne







PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

asmetta 5/3/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

0534290  
Reg. Distr. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

City or town

Balbot - Easton

Memorial Hospital

How long in above place of death?

4 days

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

3 days

## 3. (a) FULL NAME

Mr Chaney Clough Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White &amp; Married

6. (b) Name of husband or wife

Mrs. Toney Clough

7. Birth date of deceased (mo., day, yr.)

Jan 28, 1882

6. (c) If alive, give age 64 years

8. AGE: Years

66 67

Months

#3

Days

18

If less than one day

hrs.

min.

B. Birthplace

Queen Anne County

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Same

FATHER

12. Name

Chaney Clough Sr.

13. Birthplace

unknown

14. Maiden name

Elizabeth Sparks

15. Birthplace

unknown

16. Informant

Mrs. Chaney Clough Jr.

Address

Chester Md

17. Burial

Burial Date thereof 5/18/48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Stevensville

Location

Stevensville Md

18. Funeral director

Bartn Texas

Address

Centerville Maryland

19.

5/16 1948

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

City or town Chester

(Outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

5/16/1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

5/13/1948

and that I last saw h. A. alive on

5/16/1948

Immediate cause of death

arteriosclerotic Heart Disease

DURATION

1 year (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

T. C. M. D.

M. D. or other

Address

Easton Md

Date signed 5/17/48

81-E-19  
81-1-6881  
~~OK~~ & - 5461  
44  
44



PLEASE WRITE PLAINLY, WITH INDELFADING INK. Supply every item of information carefully. The correct size is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

05350

291

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County *Talbot*City or town *Bogman Rural*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *6 yrs*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Walter Marshall Dake Jr*

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Male White married**Believe V. Dake**Single*

## 6. (b) Name of husband or wife

6. (c) If alive, give age *56* years

## 7. Birth date of deceased (mo., day, yr.)

*October 15-1886*

## 8. AGE:

Years *61*Months *6*Days *28*

If less than one day

hrs. *.....* min. *.....*

## 9. Birthplace

*Nashville Tenn.*

(Town, County, and state)

## 10. Usual occupation

*Retired Mining Engineer*

## 11. Industry or business

*Walter Marshall Dake*

MOTHER FATHER

12. Name *Walter Marshall Dake*13. Birthplace *Pittsburgh Pa.*14. Maiden name *Frances Garland Wiss*15. Birthplace *Pitt Co. Texas*16. Informant *Mr. Walter Dake*Address *Crematorium*17. Burial, cremation, or removal, Which? *Cremation*Date thereof *May 15 1948*

(Month) (day) (year)

Cemetery or crematory *Hart Lincoln*Location *Bladensburg Md.*18. Funeral director *John D. Williams*Address *Baltimore Md.*19. Date rec'd by registrar *5/14 1948*Date signed *Robert H. Brink M.D.*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md*County *Talbot*City or town *Bogman*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *.....*

(If rural, give LOCATION)

2.(a) If veteran, name war .....

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

*May-13<sup>th</sup> 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10, 1948, to May 13, 1948

and that I last saw him alive on May 13

## Immediate cause of death

*Cerebral Hemorrhage*

## DURATION

*4 days*Due to *Essential Hypertension**10 years*

Due to .....

Other conditions .....

(Include pregnancy within 8 months of death)

## Major findings of operations .....

Date of op. ....

## Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Date of .....

Where did injury occur? .....

(City or town) .....

(County) .....

(State) .....

Injured at home, farm, industry, public place (where?) .....

## Means of Injury .....

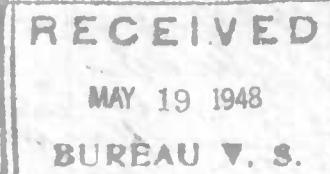
injured at work? .....

## 23. SIGNATURE .....

*Robert H. Brink M.D.*

M. D. or other .....

Address *St. Michaels, Md.*Date signed *May 14, 1948*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

admittee 4-7-48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46a

05351

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County... *Salisbury*  
 City or town... *Astoria, Md.*  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *28 days*Hospital, Institution, or street address where death occurred: *Eastern Memorial*How long in hospital or institution? *28 days*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Sate... *Maryland* County... *Salisbury*  
 City or town... *Royal Oak*  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## 3. (a) FULL NAME

*James Fields*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*male negro married*  
*Mary J. Fields*

## 8. (b) Name of husband or wife

*Mary J. Fields*  
 6. (c) If alive, give age... *60* years

## 7. Birth date of deceased (mo., day, yr.)

*Nov 5 1888*

## 8. AGE:

Years	Months	Days	If less than one day
59	5	29	hrs. min.

## 9. Birthplace

*Royal Oak Md*  
(Town, county, and state)

## 10. Usual occupation

*Releaser*

## 11. Industry or business

*Fields Field & Land*

## MOTHER FATHER

12. Name... *Estelle Fields*  
 13. Birthplace *Royal Oak Md*

14. Maiden name... *Sarah Moore*  
 15. Birthplace *Royal Oak Md*

16. Informant... *Sarah Green*  
 Address *Bellevue Md*

17. (a) Burial, cremation, or removal (Where?) *Bethel Cemetery*  
 Date thereof... *May 7 1948*  
 (month) (day) (year)

Cemetery or crematory... *Bethel Cemetery*  
 Location *Salisbury Corridor*

18. Funeral director... *John D. Phillips*  
 Address *Salisbury Md*

19. (Date rec'd by registrar) *5/5/48* 1B. *N.C. Morris*  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *May 4 1948* at *1:25 P.M.*

21. CERTIFY that death occurred on the date above stated; that deceased died from

*April 7 1948* to *May 4 1948*and shall last saw him alive on *May 4 1948*

Immediate cause of death.....

*Obstruction of intestine*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

*Esophagus constrict* Date of op. *4-27-48*

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE. *H. A. Noble*

M. D. or other

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

15352

55e

## CERTIFICATE OF DEATH

Reg. Dist. No. 594

## 1. PLACE OF DEATH:

County.....

O'Hallor

City or town.....

O'Hallor

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Virginia Jane Hampton

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife.....

Walter Hampton

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Jan 3, 1868

8. AGE:

80

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Delaware (Town, county, and state)

10. Usual occupation.....

House wife

own home

Thomas O'Hallor

MOTHER FATHER

12. Name.....

None

13. Birthplace.....

Delaware

14. Maiden name.....

Elizabeth Phillips

15. Birthplace.....

Delaware

16. Informant.....

Percy Hampton

Address.....

O'Hallor Md.

17. Burial.....

Burial

Cremation

Removal

Which?

Date thereof.....

0-30-48

(month)

(day)

(year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

O'Hallor Md.

Location.....

O'Hallor Md.

18. Funeral director.....

feeds more

Address.....

O'Hallor Md.

19. Date rec'd by registrar.....

5-30-48

(Date rec'd by registrar)

S. J. Gause

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

O'Hallor

City or town.....

O'Hallor

(If outside city or town limits, write RURAL and give nearest town)

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 28 1948 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15, 1948, to May 28, 1948,

and that I last saw her alive on May 26, 1948.

Immediate cause of death.....

malnutrition

DURATION.....

3 weeks

Due to..... abdominal tumor

3 mo.

Due to..... malignant

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

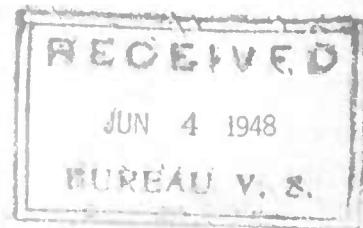
Means of injury..... Injured at work?

23. SIGNATURE..... John P. Reeder M.D.

M. D. or other

Address..... O'Hallor Md.

Date signed..... May 28, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05353

1310

## CERTIFICATE OF DEATH

Reg. Dist. No.

294

## 1. PLACE OF DEATH:

Talbot

County

Wittman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Lyda E. Hardin

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white widow

6.(b) Name of husband or wife John W. Hardin

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1869

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
78 8 28 hrs. min.9. Birthplace Easton, Talbot Co., Md.  
(Town, county, and state)

10. Usual occupation House wife

## 11. Industry or business

MOTHER FATHER George Stitchberry

13. Birthplace Talbot Co.

14. Maiden name Sarah Smith

15. Birthplace Talbot Co., Md.

16. Informant Mrs. J. Howard Magee

Address Wittman, Md.

17. Burial Date thereof May 31, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Druid Ridge Cemetery

Location Baltimore, Md.

18. Funeral director Newnam &amp; Harrison

Address St. Michaels, Md.

19. May 28 1948 G. West, Sevell  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1948 at 2:00A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 30 1947 to May 28 1948

and that I last saw her alive on May 28 1948

Immediate cause of death

Essential Hypertension

DURATION

10 yrs

Due to

Due to

Other conditions Chronic Myocarditis.

Chronic Nephritis

(Include pregnancy within 8 months of death)

10 yrs

5 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

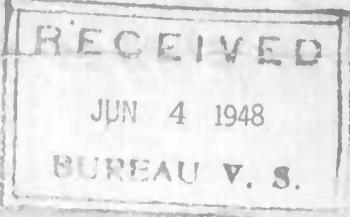
Means of Injury

Injured at work?

23. SIGNATURE Robert H. Brink M.D.

M. D. or other

Address St. Michaels, Md. Date signed 5/28/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05354

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Talbot  
City or town Easton, Md.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

WALTER HUGHES

4. Sex Male 5. Color or race C 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Hermitte Gibson

7. Birth date of deceased (mo., day, yr.) April 15, 1896 6. (c) If alive, give age years

8. AGE: Years 51 Months 1 Days 12 11 less than one day hrs. min.

9. Birthplace Easton, Talbot Co., Md. (Town, county, and state)

10. Usual occupation Farm Labor

11. Industry or business Unknown

MOTHER FATHER 12. Name Unknown  
13. Birthplace —

14. Maiden name Ella Stamford  
15. Birthplace Talbot Co., Royal Oak Inn

16. Informant Hermitte Gibson  
Address Easton, MD 3 1/2 mi.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 30/48  
Cemetery or crematory Richmond Cemetery

Location Easton, Talbot Co., Md.

18. Funeral director Albert Stafford  
Address Easton, Md.

19. 5/29/48 19. (Date rec'd by registrar) 7 A.M. Deceased

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Talbot  
City or town Easton, Md. B.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (b) Social Security Number

218-24-3837

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 25 1948 to May 25 1948

and that I last saw him alive on May 27 1948

Immediate cause of death Coronary embolism DURATION 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings or operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

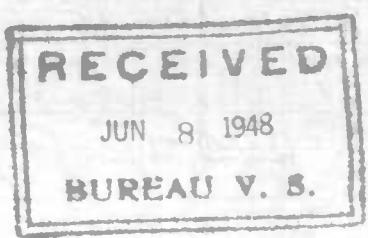
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work \_\_\_\_\_

23. SIGNATURE Hayward T. Webb, M.D. M. D. or other \_\_\_\_\_

Address Easton, Md. Date signed 5/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

99

05355

Reg. Distr. No. 210

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days:

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Anna P. Kamp4. Sex F. 5. Color of race White 6. (c) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Robert P. Kamp7. Birth date of deceased (mo., day, yr.) Dec. 7, 18626. (c) If alive, give age 84 years8. AGE: Years 85 Months 6 Days 17 It less than one day hrs. min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business William Powers

MOTHER FATHER

12. Name William Powers13. Birthplace N.J.14. Maiden name Julia Adinian15. Birthplace N.J.16. Informant Mrs. Jane WrightsonAddress Baltimore, Md.17. Burial, cremation, or removal. Which? Cremated Date thereof May 17, 1948  
(month) (day) (year)Cemetery or crematory Jackson Meeting HouseLocation Baltimore, Maryland18. Funeral director G. J. ClarkAddress Baltimore, Maryland19. Date rec'd by registrar 5/15/48 19. Date of death 5/14/48 M. D. or other A.H. Morris  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty BaltimoreCity or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH May 14

1948 a 345A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1, 1945, to May 14, 1948 and that I last saw him alive on May 13, 1948

Immediate cause of death

Generalized Arterio-  
sclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

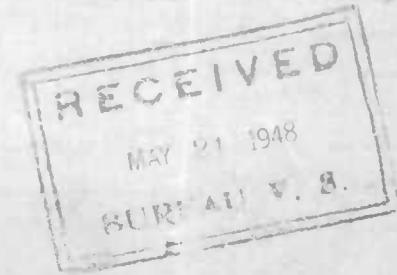
Means of injury

Injured at work?

23. SIGNATURE Martin F. Buell

M. D. or other

Address Baltimore, Md.Date signed 5/14/48



Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HM No. G 116 JUN 10 1948 CERTIFICATE OF DEATH

05356  
94a

Reg. Diat. No. 290

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna Matilda Krueger

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Married

6. (b) Name of husband or wife

Robert Krueger

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 69 years

8. AGE: Years 57 Months 9 Days 24

If less than one day hrs. min.

9. Birthplace

Queen Anne Md

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name Perry Lee Spathy

13. Birthplace Queen Anne Md

14. Maiden name Ida Binder

15. Birthplace Queen Anne Md

16. Informant Robert Krueger

Address Easton Md

17. Burial Date thereof May 26 1948

(Burial, cremation, or removal, Which?)

Date thereof (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Md

18. Funeral director John D. Williams

Address Easton Md

19. Date rec'd by registrar 5/20 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

May 19 1948 to May 23 1948

and that I last saw her alive on

Immediate cause of death

Coronary Thrombosis

Due to

gen. Ext. below.

Due

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

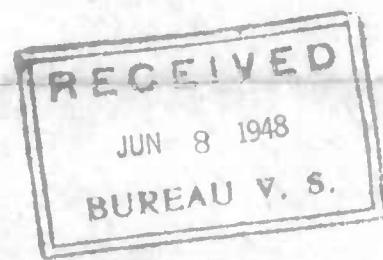
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d 05357

## CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:  
 County Talbot  
 City or town St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred: St. Michaels  
 How long in hospital or institution?

3. (a) FULL NAME  
George Franklin Larrimore

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Midowed

6.(b) Name of husband or wife Minerva Jane Larrimore

7. Birth date of deceased (mo., day, yr.) January 17, 1862  
 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
 86 86 4 7 hrs. min.

9. Birthplace St. Michaels, Md.  
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Louis F. Larrimore  
 13. Birthplace Talbot County

14. Maiden name Mary Bridges

15. Birthplace Talbot County

16. Informant Mrs. Florence Seymour  
 Address St. Michaels, Md.

17. Burial Burial Date thereof 5 24 48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Olivet Cemetery  
 Location St. Michaels, Md.

18. Funeral director Norman D. Marshall  
 Address St. Michaels, Md.

19. May 21, 1948 (Date rec'd by registrar) Mrs. P. H. J. G. (Signature)  
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town St. Michaels  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (b) Social Security Number  
none

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 48 at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 19 48 to May 21 19 48 and that I last saw him alive on May 21 19 48

Immediate cause of death Cerebral Haemorrhage  
 DURATION 16 days

Due to Hypertensive Cardio  
Vascular Disease  
 DURATION Years 2

Due to Generalized Arteriosclerosis  
Years 2

Other conditions Hypostatic Paralysis  
med  
(Include pregnancy within 8 months of death)  
 DURATION 3 days

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury..... Injured at work? .....

23. SIGNATURE Arthur J. Marshall, M.D. M. D. or other

Address St. Michaels, Md. Data signed 5-21-48



**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d 05358 Dr. Cox

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Div.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation.

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

5/2 1948

N.H. Neerue

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2.(a) If veteran, name war

Maryland

Baltimore

Tarrison St.

Jalbot

Baltimore

Tarrison St.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 1, 1948 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1948, to May 1, 1948

and that I last saw h. in alive on 4-28-1948

Immediate cause of death

Coronary Thrombosis  
Due to arteriosclerotic heart disease 1 yr (?)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

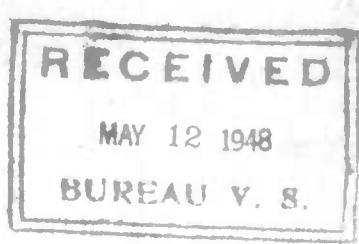
23. SIGNATURE

Address

J. E. Cox

M. D. or other

Date signed



# MARYLAND STATE DEPARTMENT OF HEALTH

**2411 N. Charles St., Baltimore**

# CERTIFICATE OF DEATH

Reg. Dist. No. WV

93d

**PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VVS A 15

1. PLACE OF DEATH: County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... County..... City or town..... (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?..... Hospital, institution, or street address where death occurred:.....		Street No. .... (If rural, give LOCATION)		
How long in hospital or institution?.....		2.(a) If veteran, name war.....		
3. (a) FULL NAME <i>Isabelle Morgan</i>		3. (b) Social Security Number		
4. Sex Female		5. Color or race white	6.(a) Single, married, widowed, or divorced married	
6.(b) Name of husband or wife <i>Thomas Henry Morgan</i>		6.(c) If alive, give age <i>75</i> years		
7. Birth date of deceased (mo., day, yr.) <i>Dec. 23, 1871</i>		8. AGE: Years <i>76</i> Months <i>4</i> Days <i>25</i> It less than one day hrs. .... min.		
9. Birthplace (Town, county, and state) <i>Dorchester Co., Md.</i>		10. Usual occupation <i>Housewife</i>		
11. Industry or business <i>William Grapier</i>		12. Name <i>William Grapier</i>		
13. Birthplace <i>Dorchester Co. Md.</i>		14. Maiden name <i>Esther Price</i>		
15. Birthplace <i>Dorchester Co. Md.</i>		16. Informant <i>Mr. Thomas H. Morgan</i>		
17. Burial (Burial, cremation, or removal Which?) <i>Burial</i>		Date thereof (month) <i>May</i> (day) <i>21</i> (year) <i>1948</i>	Address <i>Wendy Hill Md.</i>	
Cemetery or crematory <i>Dear Drappier, Md.</i>		Location <i>Dear Drappier, Md.</i>		
18. Funeral director <i>Maurice L. Wasserman</i>		Address <i>Boston Md.</i>		
19. Date rec'd by registrar <i>May 21 1948</i>		Registrar <i>Sophia Rose</i>	Date signed <i>May 21 1948</i>	
MEDICAL CERTIFICATION				
20. DATE OF DEATH <i>May 18</i> 1948 at <i>8:30 A.M.</i>				
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <i>May 18th</i> 1948 to <i>May 18</i> 1948 and that I last saw her alive on <i>May 18</i> 1948.				
Immediate cause of death <i>Cardiac decompression</i>				
Due to <i>Myocarditis</i>				
Due to:				
Other conditions:				
(Include pregnancy within 3 months of death)				
Major findings of operations..... Date of op. ....				
Autopsy results.....				
PHYSICIAN: Please underline the cause to which death should be charged statistically.				
22. VIOLENCE: If death was due to external causes, fill in the following:				
Accident, suicide, or homicide.....		Date of.....		
Where did injury occur?.....		(City or town).....	(County).....	(State).....
Injured at home, farm, industry, public place (where?).....				
Means of Injury.....		Injured at work?		
23. SIGNATURE <i>Sophia Rose</i>				
M. D. or other <i>Dr. Grapier</i>				
Address.....				
Date signed <i>May 21 1948</i>				



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05360

## CERTIFICATE OF DEATH

Reg. Diat. No. ....

290

<b>1. PLACE OF DEATH:</b>	
County.....	<i>Baltimore</i>
City or town.....	<i>Rosedale Station, Md.</i>
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? <i>1 yr. A.</i>	
Hospital, Institution, or street address where death occurred:	
How long in hospital or institution?	

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)

State..... *Md* County *Talbot*

City or town..... *Rural Eastern* (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME		<i>James Burling Murray</i>		
4. Sex	5. Color or race	6.(c) Single, married, widowed, or divorced		
<i>M.</i>	<i>W.</i>	<i>Married</i>		
6.(b) Name of husband or wife		<i>Dorothy Eldred</i>		
		6.(c) If alive, give age <i>54</i>		
7. Birth date of deceased (mo., day, yr.)		<i>Dec. 26, 1892</i>		
8. AGE:	Years	Months	Days	If less than one day hrs. .... min.
	<i>55</i>	<i>5</i>	<i>12</i>	
9. Birthplace	<i>New York City</i> (Town, county, and state)			
10. Usual occupation	<i>Fleet Surgeon</i>			
11. Industry or business	<i>James Henry Murray</i>			
MOTHER FATHER	12. Name	<i>James Henry Murray</i>		
	13. Birthplace	<i>N.Y.</i>		
	14. Maiden name	<i>Alice Burling</i>		
	15. Birthplace	<i>N.Y.</i>		
	16. Informant	<i>Mrs. James Burling Murray</i>		
Address	<i>Buxton - Mrs. R. D.</i>			
17. Removal	Date thereof	<i>May 29, 1948</i>	(month)	(day)
(Burial, cremation, or removal. Which?)				
Cemetery or crematory	<i>New York City</i>			
Location	<i>Bethesda Cemetery</i>			
18. Funeral director	<i>R. E. Clark</i>			
Address	<i>Buxton - Mrs.</i>			
19. <i>578</i>	<i>1948</i>	<i>D. H. Neirns</i>		
(Date rec'd by registrar)		Registrars		

3. (b) Social Security Number			
<b>MEDICAL CERTIFICATION</b>			
20. DATE OF DEATH	May 8, 1948, at M.		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5 May 1948 to 8 May 1948 and that I last saw him alive on 8 May 1948.	Other		
Immediate cause of death <i>Gastric intestinal hemorrhage &amp; shock</i>	DURATION <i>6 hrs.</i>		
Due to <i>Carcinoma of the sigmoid colon</i>	2 years		
Due to			
Other conditions			
(Include pregnancy within 3 months of death)			
Major findings of operations <i>colon</i>	<i>Carcinoma of sigmoid</i> Date of op.		
Autopsy results			
PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following:			
Accident, suicide, or homicide	Date of		
Where did injury occur? _____	(City or town) _____	(County) _____	(State) _____
Injured at home, farm, industry, public place (where?)			
Means of injury	Injured at work?		
23. SIGNATURE	<i>Pauline Hansen M.D.</i>		
Address	M. D. or other <i>Castro Valley Land</i> Date signed <i>8 May '48</i>		

RECEIVED  
MAY 12 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d  
05361

## CERTIFICATE OF DEATH

Reg. Distr. No. 294

1. PLACE OF DEATH:  
 County Talbot  
 City or town Sherwood  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot  
 City or town Sherwood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

CHARLES MYERS

4. Sex <u>Male</u>	5. Color or race <u>Colored</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Georgia Myers</u>		
7. Birth date of deceased (mo., day, yr.) <u>Feb. 14, 1878</u>		
8. AGE: Years <u>70</u> Months <u>2</u> Days <u>21</u> If less than one day		
8.(c) If alive, give age <u>66</u> years		

9. Birthplace Sherwood, Md.  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

MOTHER / FATHER	12. Name <u>Jerry Myers</u>
	13. Birthplace <u>Sherwood, Md.</u>
MOTHER	14. Maiden name <u>Motelfia Johnson</u>
	15. Birthplace <u>Unknown</u>

16. Informant James Jyers

Address 312 No. Redfield St. Phila

17. Burial Burial Date thereof May 7, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sherwood, MdLocation Location

18. Funeral director Norman D. Marshall  
 Address St. Michaels, Md

19. May 7, 1948 Gil Wesley Lowell  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1948 at 9 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19, 1948 to May 3, 1948 and that I last saw her alive on May 3, 1948Immediate cause of death loss of consciousness  
cardiac valvular heart condition

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_ PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

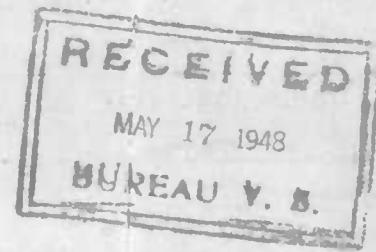
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Eugene Reese, M.D. M. D. or other \_\_\_\_\_Address 700 Carroll Rd. Date signed May 6, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05362

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

## 1. PLACE OF DEATH:

Talbot  
Bozman

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 hrs.

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

John W. Neavitt

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white married

6.(b) Name of husband or wife Ada Mae Neavitt

7. Birth date of deceased (mo., day, yr.) May 5 1889 55

8. AGE: Years Months Days If less than one day 59 - 14 hrs. min.

9. Birthplace Bozman Talbot Co. Maryland

(Town, county, and state)

10. Usual occupation Merchant

## 11. Industry or business

12. Name Edward S. Neavitt

13. Birthplace Neavitt, Md.

14. Maiden name Ida B. Mc. Quay

15. Birthplace Bozman, Md.

16. Informant Mrs. John W. Neavitt

Address St. Michaels, Md.

17. Burial Date thereof May 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bozman Cemetery

Location Bozman, Md.

18. Funeral director Newnam &amp; Harrison

Address St. Michaels, Md.

May 22, 1948  
(Date rec'd by registrar)Mrs. Ruth R. Scott  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

212-07-9220

## MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 19 1948 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10, 1948, to May 14, 1948, and that I last saw him alive on TUES. MAY 18, 1948.

Immediate cause of death

CORONARY OCCLUSION

DURATION

5 min

Due to.....

Due to.....

Other conditions Hypertension

6 mos.

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

## 23. SIGNATURE

Andrew J. McCallan, M.D.

M. D. or other

Address St. Michaels, Md. Date signed 5-19-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05363

## CERTIFICATE OF DEATH

1318

290

Reg. Dist. No.

## 1. PLACE OF DEATH

County

City or town

Talbot  
Bellevue

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Robert L. Newnam

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Malvie Roe

7. Birth date of deceased (mo. day, yr.)

Sept. 14, 1868

6. (c) If alive, give age 72 years

8. AGE: Years

Months

Days

If less than one day

87 8 15 hrs. min.

9. Birthplace

Royal Oak, Md

(Town, county, and state)

10. Usual occupation

Retired Waterman

11. Industry or business

MOTHER FATHER

12. Name William Newnam

13. Birthplace Talbot County

14. Maiden name Sarah Bartlett

15. Birthplace Talbot Co.

16. Informant Edward Newnam

Bellevue, Md

Address

17. Burial

Date thereof June 1, 1948  
(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Spring Hill

Location Catton, Md

18. Funeral director John D. Williams

Address Cedar Creek, Md

19. 5/30

19. 48

D. A. Deirud

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County

Talbot

City or town Bellevue

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29 1948 at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 4 1948 to May 28 1948

and that I last saw him alive on May 28 1948

Immediate cause of death acute fulminant

DURATION

Due to chronic nephritis

Due to

Other conditions chronic mitral regurgitation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

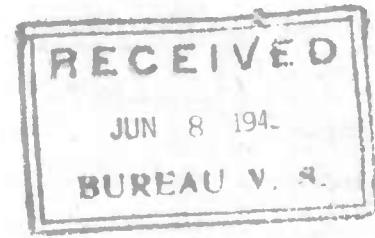
Means of injury

Injured at work?

23. SIGNATURE S. Harry Ballou, M. D.

M. D. &amp; other

Address St. Michaels, Md Date signed 5/31/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05364

1246

## CERTIFICATE OF DEATH

Reg. Diat. No. 290

## 1. PLACE OF DEATH:

County. Talbot

City or town. Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 4 days

## 3. (a) FULL NAME

Ta le, Mrs. Olga F.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

## 6. (b) Name of husband

deceased

Raymond W. Neere

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

April 30, 1890

## 8. AGE:

Years 58

Months

Days 29

11 less than one day

hrs. 55

min.

## 9. Birthplace

Federalsburg

Caroline County

Maryland

(town, county, and state)

## 10. Usual occupation

None

House

## 11. Industry or business

" Honey

George F. Smith

## 12. Name

Federalsburg

Maryland

## 13. Birthplace

Mary Ida Oakes

## 14. Maiden name

Federalsburg

Maryland

## 15. Birthplace

Burial

Cemetery or crematory

Location

## 16. Funeral director

Address

5/30 1948

Date reg'd by registrar

N. N. Neere

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Caroline

City or town. Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

EDP

50

5 AM

M

## MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May

1948 at 5 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 May 1948 to 29 May 1948

and that I last saw her alive on 26 May 1948

Immediate cause of death Gastric - intestinal

human wage

DURATION

Due to: Esophageal varices

Esophageal varices

Cirrhosis of liver

Cirrhosis of liver

Bru cellosis

Brucellosis

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

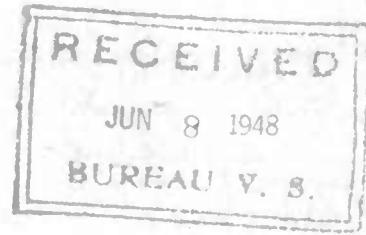
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Mrs. Mary Neere M. D. or other

Address: Easton, Maryland Date signed: 29 May 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corner age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05365

169

## CERTIFICATE OF DEATH

Reg. Dist. No.

290

## 1. PLACE OF DEATH:

County

Talbot  
out side Easton

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

William Green Stoker

## 4. Sex

Male | white - S -

## 5. Color or race

6.(a) Single, married, widowed, or divorced

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age..... years

1938

## 8. AGE: Years

10 | Months | Days | If less than one day

10

hrs. min.

## 9. Birthplace

Talbot  
(Town, county, and state)

## 10. Usual occupation

School Boy

## 11. Industry or business

Emerson Stoker  
Baltimore Md.

12. Name

13. Birthplace

Mrs Fred Buckholz  
St. Michaels Md.

14. Maiden name

Mr. Charles Waller

15. Birthplace

Burial Farmbridge, Md.

16. Informant

Cemetery or crematory

Location

Means of Injury

17. Burial, cremation, or removal. Which?

Address

18. Funeral director

Address

19. (Date record by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland Talbot

County

Cordova

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

May 31 1948 8445P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to... 19...

and that I last saw h... alive on

Immediate cause of death

Compound fracture skull  
Struck by train

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

Means of Injury

Signature

M. D. or other

Address

Date signed

961  
✓  
8461

